UNITED STATES RECEIVED SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 2003



FORM D FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| OMB/ | <u>APPROV</u> | \L |
|-------|---------------|----|
| 1 | 2005 | |

OMB Number:

Expires:

May 31,2005

Estimated average burden hours per response......1

| SEC USE | ONLY |
|----------|--------|
| Prefix | Serial |
| | |
| DATERE | CEIVED |
| <u> </u> | |

| Name of Offering (Check if this is an amendment and name has changed, and indicate change.) | 10 | $\Omega \Omega \Omega \Omega \Omega$ |
|---|--|--|
| America/International 3 Year Venture-2003 | 10 | 70.117 |
| Filing under(Check box(es) that apply): Rule 504 Rule 505 Rule 506 | Section 4(6) | ULOE |
| Type of Filing: X New Filing Amendment | _ | |
| A.BASIC IDENTIFICATION DATA | | |
| 1.Enter the information requested about the issuer | | |
| Name of Issuer(| | |
| America/International 3 Year Venture-2003 | • | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Inc | aluding Aros code) |
| 40 Cutter Mill Road Suite 201 Great Neck NY 11021 | Telephone Mumbel (IIII | cidding Ai ea Code) |
| 40 Cutter Mill Road Suite 201 Great Neck NY 11021 Address of Principal Business Operations (If different from Executive Offices) | Telephone Number(Inc | aluding Area Codo\ |
| | Telephone Number (inc | cruding Area Code) |
| (Number and Street,City,State,Zip Code) | | |
| Oll and One Builting | | SPACES |
| Oil and Gas Drilling | | PROCESSED |
| Brief Description of Business: | , | |
| Type of Business Organization | | √ NOV ≥ 0 2003 |
| corporation limited partnership, already formed X other (please specify) |): Joint Venture | 71001001 |
| Corporation Timited partities ship, already formed TX other (please specify |). Some venture | THOMSON FINANCIAL |
| business trust limited partnership, to be formed | | |
| MONTH YEAR | | · . |
| Actual or Estimated Date of Incorporation or Organization: 1 0 0 3 X Actual | Estimated | |
| Jurisdiction of Incorporate of Organization: (Enter two-letter U.S. Postal Service abbreviation for state: | | NIV |
| CN for Canada; FN for other foreign jurisdiction) | | |
| General Instructions | • | |
| Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section | 4(6). | |
| 17CFR 230.501 or 15 U.S.C.77d(6). | | |
| When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is de the earlier of the date it is received by the SEC at the address after the date on which it is due, on the date it was mailed it | erned filed with the U.S. Secu by United States registered or | rifties and Exchange Commission (SEC) on certified mail to that address. |
| Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549. | | |
| Copies Required: Five (5) copies of this notice must be filed with SEC, one of which must be manually signed. Any cocopy or bear typed or printed signatures. | pies not manually signed mu | st be photocopies of the manually signed |
| Information Required: A new filing must contain all information requested. Amendements need only report the name of in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix Filing Fee: There is no federal filing fee. | the issuer and offering, any need not be filed with the S | changes thereto, the information requested EC. |
| Chata | tates that have adopted this t | form lecuers relying on the ULOE must |
| State: This notice shall be used to indicate reliance on the Uniform Limited Exemption(ULOE) for sales of securities in those st file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state re exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in part of this notice and must be completed. | equires the payment of a fee an accordance with state law. | s a precondition to the claim for the The appendix to the notice constitues a |
| | , | • |
| | · | |
| | | |
| ATTENTION — | | |
| | selv failure to file the sooms | riste federal motice |
| Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conver will not result in a loss of an available state exemption unless such exemption is predicated on the filit | ng of a federal notice. | |
| | | |
| | | |

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number

| Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; | | |
|---|--|---|
| Each executive officer and director of corporate issuers and of corporate general managing partners of partnership issuers; and | | |
| iv. Each general and managing partnership of partnership issuers. | | |
| | | |
| Check Box(es) that apply: X Promoter Beneficial Owner Executive Officer | Director General and /or Managing Partner | |
| Full Name(Last name first, if Individual) | | |
| Onshore Exploration Management Inc. | | |
| Business or Residence Address (Number and Street, City, State, Zip | Code) | |
| 40 Cutter Mill Road,Suite 201 Great Neck NY 11021 | | |
| | | |
| Check Box(es) that apply: Promoter Beneficial Owner X Executive Officer | Director General and /or Managing Partner | • |
| Full Name(Last name first, if Individual) | | |
| Egan Brian H | | |
| Business or Residence Address (Number and Street, City, State , Zip | p Code) | |
| 40 Cutter Mill Road, Suite 201 Great Neck NY 11021 | | |

Enter the information requested for the following:
 i. Each promoter of the issuer, if the issuer has been organized within the past five years;

| ENTREERO TRIOENALMONANTA CONTRACTA (A CONTRACTA CONTRACT | 医异类病 | 1111111 | in the |
|--|-------|------------|----------|
| | ١ | es/es | No |
| Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE. | | | × |
| 2. What is the minimum investment that will be accepted from any individual? | \$ 3 | 355,804 | 00 |
| | ` | es/es | No |
| 3. Does the offering permit joint ownership of a single unit? | | × | |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchases in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and /or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. | | | |
| Full Name (Last name first, if individual) Matrix Capital Group, Inc. | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | |
| 666 Fifth Avenue New York, NY 10103 | | | |
| Name of Associated Broker or Dealer Matrix Capital Group, Inc | · · | | |
| States in Which Person Listed has Solicited or Intends to Solicit Purchasers | | - | |
| (Check "All States or check individual States) | × | All States | S |
| [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] |][HI] | [ID] | |
| [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MI] | [MS] | [MO] | |
| [MT] [NE] [NV] [NH] [NH] [NJ] [NM] [NY] X[NC] [ND] [OH] [OK] | [OR] | [PA] | |
| [RI] SC] SD] TN] TX] TU] TX] TV] WA TWA TWA TWA TWA | | [PR] | |

| Enter the aggregate offering price of securities included in this offering and the total amount already so Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box Indicate in the columns below the amounts of the securities offered for exchange and already exchange | `. | and | | |
|---|--------------|--------------------------|----------------|--|
| Type of Security | | Aggregate offering price | Am | ount Already Sold |
| Debt | \$ | | \$ | |
| Equity | \$ | - | * - \$ | |
| Common Preferred | , * . | | · - | *************************************** |
| Convertible Securities (including warrants) | \$ | | \$_ | |
| Partnership Interests | \$ | | \$_ | |
| Other(Specify) | \$ | \$26,685,300.00 | \$_ | |
| Total | \$ | \$26,685,300.00 | \$ | <u> </u> |
| Answer also in Appendix, Column 3, if filing under ULOE | | | | , |
| 2.Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero". | | Number of Investors | | Aggregate Dollar Amount of Purchases |
| Accredited Investors | | | \$ | |
| Non-accredited Investors | | | \$ | |
| Total(for filing under Rule 504 only) | | | _ * | |
| Answer also in Appendix, Column 4, if filing under ULOE | | | ♥ | |
| 3. If this filing is for an offering under Rule 504 0r 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve(12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. | . | | | |
| Type of offering | | Type of securities | | Dollar Amount Sold |
| Rule 505 | | | | \$ |
| Regulation A | | | | \$ |
| Regulation 504. | | | - | \$ \$ |
| Total | | | ` | <u> </u> |
| 4.a. Furnish a statement of all expenses in connection with the issuance and distribution of the securit in this offering. Exclude amounts relating solely to organization expenses of the issuer. The informat may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish estimate and check the box to the left of the estimate. | ion | | | |
| Transfer Agent's Fees | | | × | \$0.00 |
| Printing and Engraving Costs | | | × | \$30,000.00 |
| Legal Fees | | | × | \$20,000.00 |
| Accounting Fees | | | × | \$5,000.00 |
| Engineering Fees | | | × | \$5,000.00 |
| Sales Commissions (specify finders' fees separately) | | | × | \$405,000.00 |
| Other Expenses(Identify) Administrative | | | × | \$20,000.00 |
| Total | | | X | \$485,000.00 |
| | | | | |

AGEEDXXXIII SHIGE AND SERVER SERVER SHOWEN ACCEPANTAL SOUR ENDER SHIFTED SO

| | A AFFERNIA PRIOR | | | | |
|------|--|--|----------|--|--------------------------|
| | C. OFFERING PRICE | E, NUMBER OF INVESTORS, EXPENSES AND U | SE C | F PROCEEDS | 3 |
| | Question 1 and total expenses furnished | egate offering price given in response to Part C- in response to Part C - Question 4.a. This differen er." | | | \$ <u>26,200,300.00</u> |
| 5. | for each of the purposes shown. If the amount check the box to the left of the estimate. The gross proceeds to the issuer set forth in res | | and d | Payments to Officers, Directors, & Affiliates | Payments To Others |
| | | ••••• | | \$ <u>0</u> | ■ \$ 334,250.00 |
| | Purchase of real estate | | | \$ <u>0</u> | □ \$ <u>0</u> |
| | Purchase, rental or leasing and ins | stallation of machinery and equipment | | \$ <u>0</u> | □ \$ <u>0</u> |
| | Construction or leasing of plant bui | ldings and facilities | | \$ <u>0</u> | □ \$ <u>0</u> |
| | offering that may be used in exchai | ding the value of securities involved in this nge for the assets or securities of another | | \$ <u>0</u> | □ \$ <u>0</u> |
| | Repayment of indebtedness | | | \$ <u>0</u> | □ \$ <u>0</u> |
| | Working capital | | П | \$ <u>0</u> | □ \$ <u>0</u> |
| | | / Completion | | \$ <u>0</u> | |
| | Zero Coupon E | | | \$ <u>0</u> | □ \$ 1,818,750.00 |
| | | | | _ | |
| | | Overhead / Misc./ Interest on indebtedness | | | □ \$ 4,966,800.00 |
| | Column Totals | •••••• | | \$ <u>0</u> | ■ \$26,200,300.00 |
| | Total Payments Listed (column tota | ls added) | | ⊠ \$ <u>26.20</u> | 00,300.00 |
| - , | | D. FEDERAL SIGNATURE | ta. C | | |
| he | following signature constitutes an undertate ten request of its staff, the information fur | signed by the undersigned duly authorized person. aking by the issuer to furnish to the U.S. Securities inished by the issuer to any non-accredited investor | and f | Exchange Con | nmission, upon |
| ۱m | uer (Print or Type) erica / International 3 Year Venture 2003 | Signature Da | te | 11/12/0= | 3 |
| ۱a | me of Signer (Print or Type) | Title of Vigner (Printlor Type) | | | |
| iri. | an H. Egan | President of Program Manager | | | |
| | | | | | |

ATTENTION Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E STATE SIGNATURE

| 1. Is any party described in 17 CFR 230.262(c),(d), (e) or (f) presently subject to any disqualification | |
|--|--------|
| provisions of such rule? | Yes No |

See Appendix, Column 5, for state response

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D(17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption(ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer(Print or Type) America/International 3 Year Venture-2003 | Signature | Date 11/12/03 |
|--|------------------------------|---------------|
| Name(Print or Type) | Title(Print or Type) | |
| Brian H. Egan | President of Program Manager | |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

6 of 8

AND SERVICE

| 1 | to non-ac | d to sell ccredited s in State | 3 Type of Security and aggregate offering price offered in state | | Type of i amount pur | nvestor and chased in State | | 5 Disqualification under State ULOE (if yes, attach explanation of waiver grated) | |
|-------|-----------|--------------------------------------|--|--------------------------------------|-------------------------|---|--------|---|---------------------------------------|
| State | Yes | No | \$ 26,685,300.00 | Number of Accredited Investors | Amount | Number of Non- Accredited Investors | Amount | Yes | No |
| AL | | · | | | | | | | |
| AK | | | | | | | | | |
| AZ | | | | | | | - | | |
| AR | | | | | | | | | |
| CA | | · | | | | | | | |
| co | | | · · · · · · · · · · · · · · · · · · · | · | | | | | |
| CT | | | | | | ^ | | | |
| DE | | | | | | | | | |
| DC | | | | | | | · | | |
| FL | · | | | | | | | | |
| GA | | | | | | | | | · · · · · · · · · · · · · · · · · · · |
| HI | | | · | | | | | | |
| D | | | | | | | | | |
| IL | | | | | | | | | |
| IN | | | | | | | | | |
| ΙA | | | | | | | | | |
| KS | | | | | | | | | |
| KY | | | | | | | | | |
| LA | | | | , | | | | | |
| ME | | | | | | | | | |
| MD | | | | | | | | | |
| MA | | | | | | | | | |
| MI | | | | | | | | | |
| MN | | | | | | | | | |
| MS | | | | | | | | | |
| МО | | | | | | | | | |

APPENDIX 2 3 4 Disqualification 1 Type of Security under State ULOE and aggregate offering price offered in state intend to sell (if yes, attach to non-accredited Type of investor and explanation of waiver investors in State amount purchased in State grated) Number of Number of Non-State Yes No Accredited Accredited Investors Yes No Investors **Amount** Amount MT ΝE NV NH NJ NM NY NC ND ОН OK OR PΑ RI SC ŞD TN TX UT VT VA WA WV Wi WY

Foreign Investments total \$

PR